

OFFICE OF ADOLESCENT HEALTH

GUIDANCE FOR PREPARING AN ANNUAL PROGRESS REPORT



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Office of Adolescent Health
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PART ONE: GENERAL INSTRUCTIONS

Eligibility

This document provides guidance on the preparation of an annual progress report and federal financial report for OAH grantees.

Purpose

The purpose of the annual progress report and federal financial report are to:

- Report on the progress of the project during the recently completed budget period.
- Provide a statement of expenditures associated with the grant during the recently completed budget period.

The OAH Guidance for Preparing an Annual Progress Report describes the content and submission procedures for completing the annual progress report and federal financial report. Annual progress reports will be reviewed by the OAH Project Officer and the Office of Grants Management (OGM) Grants Management Specialist. The annual progress report must provide detailed information on the progress in accomplishing goals and objectives during the recently completed budget period.

PART TWO: ANNUAL PROGRESS REPORT SUBMISSION

The annual progress report and all supporting documents must be received no later than Friday, **November 30, 2012**.

Electronic Submission (required)

The annual progress report, including all required documents, should be submitted to OAH and OGM electronically via email. All required reporting documents should be sent directly via email to the assigned OAH Project Officer and OGM Grants Management Specialist. Grantees should include the grant number on all submissions.

The federal financial report is now required to be submitted electronically only through GrantSolutions using the FFR Reporting Module. You must submit the federal financial report by December 29, 2012.

PART THREE: ANNUAL PROGRESS REPORT CONTENT

The annual progress report should include:

- Table of contents
- Twelve-month progress report that includes a detailed summary of the status of planned activities for the recently completed budget year
- One or more success stories from the recently completed budget period
- Additional materials in the appendices

The contents of the report should be properly labeled and numbered. Content should be concise, complete and written in 12-point font. Adherence to the following guidelines will facilitate the review of the annual progress report.

I. TABLE OF CONTENTS

A Table of Contents outlining the components of the annual progress report is required and will provide assurance that the report is complete.

II. a. TWELVE-MONTH PROGRESS REPORT

The twelve-month progress report should describe the completion of objectives and activities during the entire recently completed budget period as reflected in your Notice of Grant Award (September 1, 2011 – August 31, 2012).

The progress report is a mechanism through which grantees can detail their accomplishments and activities over the past year. The report should add to the six-month progress report submitted with the continuation application in May and include a summary of progress for the entire 12-month project period. The progress report should include a thorough description of both programmatic and evaluation objectives and activities.

All goals, objectives, and activities identified in the annual progress report should be clearly connected. Each activity identified and described should directly support a corresponding objective.

In order to appropriately document the progress of the grant, the progress report should include explanations for each objective and activity identified. Explanations for achieving or not achieving the identified activity should include supportive statements. Descriptions supporting the accomplishment of the activity should provide more information than a “yes” or “no” response.

The progress report should:

- Describe the status (met, ongoing, or unmet) of each objective and activity.
- Provide a narrative describing what has been done to work toward accomplishing the planned activities (include the outcomes of your actions).
- Describe any barriers encountered, and how the barriers were addressed.
- If applicable, include the reasons that goals or objectives were not met and a discussion of assistance needed to resolve the situation.
- Report on any other significant project activities, accomplishments, setbacks or modifications (e.g., change in key staff, change in scope) that have occurred in the past year and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

Exhibit C provides a checklist of key information that should be included in your progress report. Ultimately, your progress report should be specific to your program and should provide a thorough update on the status of your program objectives and activities completed during the 12-month period. The checklist provides you with guidance on the minimum activities that should be included in your progress report, but is not exhaustive.

The narrative included in your progress report should be detailed and supporting documents (included as Appendices) should be included if they add clarity or depth, substantiate the narrative, and/or present information succinctly. Extensive appendices are not required. Twelve-month progress reports are evaluated on the basis of substance, not length. Cross-referencing should be used rather than repetition.

See **Exhibit A** for an example Twelve-Month Progress Report Template.

See **Exhibit B** for an example of partially completed Twelve-Month Progress Report.

See **Exhibit C** for the PAF Checklist of key information to include in the progress report.

II. b. SUCCESS STORIES

Grantees should provide one or more success stories with the annual progress report to communicate the impact of activities during the latest budget period. Success stories are critical in helping educate decision makers about the impact of your program, demonstrating responsible use of resources, sharing best practices with other similarly-funded programs, and attracting new partners for collaboration.

The success story should describe your grant-funded activity or activities that have resulted in positive changes for young people during the past year. The focus of your submitted story each year will change over time as your program expands and evolves.

Exhibit D includes a template that can be used to help you write your success story. **Exhibit E** includes three example success stories from current OAH grantees. These stories are provided for your reference as examples of the types of stories OAH is looking for from grantees.

In addition, CDC's Division of Adolescent and School Health developed a resource guide entitled *How to Develop a Success Story* that may be helpful and is available at http://www.cdc.gov/healthyyouth/stories/pdf/howto_create_success_story.pdf.

V. FEDERAL FINANCIAL REPORT

A Federal Financial Report, Standard Form 425 (SF-425), must be submitted on the annual reporting period no later than December 29, 2012. The instructions for completion are available at http://www.whitehouse.gov/omb/grants_forms. Hard copy submissions are no longer accepted by the OASH Office of Grants Management. Reports are now required to be submitted electronically only through GrantSolutions using the FFR Reporting Module.

VII. APPENDICES

Supporting documents that add value or clarity to the information presented in the progress report should be included in the appendices. Materials included in the appendices should present information clearly and succinctly and add depth to your report.

PART FOUR: EXHIBIT INFORMATION AND SAMPLE FORMATS

EXHIBIT A. PROGRESS REPORT TEMPLATE

EXHIBIT B. EXAMPLE TWELVE-MONTH PROGRESS REPORT

EXHIBIT C. PAF ANNUAL PROGRESS REPORT CHECKLIST

EXHIBIT D. SUCCESS STORY TEMPLATE

EXHIBIT E. SAMPLE SUCCESS STORIES

EXHIBIT F. FEDERAL FINANCIAL REPORT GUIDANCE

EXHIBIT A – Example Twelve-Month Progress Report Template**Name of Grantee****Grant #:****September 1, 2011 – August 31, 2012****Goal:****Objective:****In Progress****Met****Unmet****Activity:****In
Progress****Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.****Met****Unmet****Activity:****In
Progress****Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.****Met****Unmet****Activity:****In
Progress****Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.****Met****Unmet**

EXHIBIT A – Twelve-Month Progress Report – p. 2

Additional Narrative

Report on any other significant project activities, accomplishments, setbacks or modifications (e.g. change in key staff, change in scope) that have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

Additional Barriers, Challenges, and Solutions

Report on any additional barriers, challenges, or innovative solutions not previously captured in the annual progress report. Provide a discussion on each barrier or challenge and any solutions that were identified or are being considered. Include barriers and challenges related to performance measure data (e.g., unable to observe the necessary 10% of sessions implemented), as appropriate.

EXHIBIT B: Example Twelve-Month Progress Report (Partial)**Grantee X; Grant #:xxxxx****September 1, 2011 – August 31, 2012****Goal:** Replicate xxx evidence-based program in 60 sites across xxx County.

Objective: By August 31, 2012 ensure all facilitators are trained in the xxx evidence-based program model.	Met	
Activity: Identify and secure a trainer to conduct training on xxx evidence-based program.	Met	We identified three organizations that were certified to conduct trainings in xxx evidence-based program. We contacted each organization to learn more about the content and cost of their training. Each organization offered a 3-day training, but one organization also included 20 hours of follow-up technical assistance in their training plan. The cost estimates from the three organizations were similar. We decided that having the 20 additional hours of technical assistance from the trainer would be beneficial since this is a new program for all of our facilitators, therefore we selected xxx organization. We signed a contract with xxx organization to conduct four identical 3-day trainings for our facilitators and to provide 20 hours of follow-up technical assistance. It was agreed that our organization would take care of the logistics and registration for each training.
Activity: Conduct four, 3-day trainings in the xxx evidence-based program for program facilitators.	Met	<p>Training dates and locations for four 3-day trainings were secured:</p> <ol style="list-style-type: none">1. March 22-24, 2012 at the xxx community organization in City2. April 14-16, 2012 at the xxx community organization in City3. May 2-4, 2012 at the xxx community organization in City4. May 20-22, 2012 at the xxx community organization in City <p>Trainings were advertised to the 60 facilitators who are implementing the xxx evidence-based program. Each training includes an overview of the program model, core components, and teaching philosophy; a detailed review of the activities included in the program; time for each participant to practice delivering the program activities; review of the fidelity monitoring tools; discussion about allowable adaptations; and review of the available evaluation tools (see Appendix A – Training Agenda). Training participants completed an evaluation form after the training. Results have been analyzed indicate that facilitators are confident in their ability to implement the program with fidelity as a result of the training.</p>

EXHIBIT C: ANNUAL PROGRESS REPORT CHECKLIST FOR PREGNANCY ASSISTANCE FUND GRANTEES

Annual Progress Report

- ☐ Thorough narrative description on the status of each objective and activity
- ☐ Work plan goals, objectives, and activities are aligned and written in SMART format
- ☐ Status of project management activities
 - Recruitment and retention of staff
 - Staff training and professional development
 - Monitoring of implementation sites
 - Monitoring of contractors
- ☐ Progress related to:
 - Recruitment and retention of program participants
 - Activities to ensure all materials are medically accurate
 - Marketing the program
 - Building and enhancing partnerships to support the program
 - Provision of training and professional development for partners
 - Dissemination of information about the program through presentations or publications
 - Evaluation and assessment of the success of the program
- ☐ If funded to work with IHEs, schools, or communities, an update on:
 - Activities to improve access to resources for pregnant and parenting teens and students
 - Annual assessment of participating IHEs, schools, and/or communities in meeting the needs of the pregnant and parenting teens and students
 - Identification of and partnering with public and private service providers to meet the needs of pregnant and parenting teens and students
 - Assistance for pregnant and parenting teens and students, fathers or spouses, in locating and obtaining services that meet their needs
 - Description of the development and use of a system for providing referrals
- ☐ If funded to work to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking, an update on:
 - Intervention services, accompaniment, and supportive social services
 - Technical assistance and training relating to violence against eligible pregnant women
- ☐ Performance Measures
 - Clear identification of performance measures
 - Results from performance measure data collection (number youth served, number partners, number IHEs, outcome level data)
- ☐ Description of any activities focused on program sustainability
- ☐ Description of any other significant activities, accomplishments, setbacks, or modifications that have impacted the program but may not have been included in the initial work plan

EXHIBIT D: Success Story Template

Success Story Template for OAH Grantees

This template is intended for use by OAH Grantees to describe their OAH-funded programs/activities. In order to develop a robust and meaningful success story that OAH can share with outside stakeholders, we ask that you please fill out each section of this template completely. Please use the self-check worksheet at the end of the template to ensure that you have covered all relevant criteria in each section. Please note that OAH plans to use ALL success stories shared with the office.

1. GRANTEE NAME:

2. GRANTEE FUNDING SOURCE (E.G. TPP OR PAF) AND TIER 1 OR 2 (IF A TPP GRANTEE):

3. FOCUS AREA OF STORY:

- ☐ Program Implementation
- ☐ Collaboration/Partnership Building
- ☐ Community buy-in
- ☐ Parent Engagement
- ☐ Youth Engagement
- ☐ Other: _____

4. SUCCESS STORY TITLE:

5. PROBLEM OVERVIEW:

6. PROGRAM/ACTIVITY DESCRIPTION:

7. PROGRAM/ACTIVITY OUTCOMES:

8. CONTACT INFORMATION:

Name:

Title:

Organization:

Phone:

Email:

9. DATE STORY SUBMITTED:

10. OAH PROJECT OFFICER:

Self-Check for Developing an Effective Success Story

❖ DOES THE TITLE:

- ☐ Capture the overall message of the story?
- ☐ Include an action verb?
- ☐ Capture the reader's attention?

❖ DOES THE PROBLEM OVERVIEW:

- ☐ Describe the problem being addressed (e.g. teen pregnancy, STIs, etc.) and why it's important?
- ☐ Describe how your program/activity is designed to address the problem?
- ☐ Use data to frame the problem, including health burden and economic costs?
- ☐ Specify the affected population(s)?
- ☐ Denote the location of your grant program and where the problem took place?
- ☐ Include references for your data?

❖ DOES THE PROGRAM/ACTIVITY DESCRIPTION:

- ☐ Denote the name of your program and the purpose of your program?
- ☐ Describe the program/activity that was implemented, including where and when it took place and how it addressed the problem?
- ☐ Identify who was involved, including your partners?
- ☐ Identify the target audience of the program/activity (e.g. age, location, number impacted)?
- ☐ Describe how the progress of the program/activity is evaluated (with enough detail for another party to properly understand)?
- ☐ State how OAH support contributed to the program/activity?
- ☐ Identify the “who, what, where, when, how, and why” aspects of your success story?

❖ DO THE PROGRAM/ACTIVITY OUTCOMES:

- ☐ Describe the short-term or intermediate outcomes that demonstrate how the program/activity addressed the problem, including the use of data whenever possible?
- ☐ Clearly identify the impacts of this program or activity?
- ☐ Provide a conclusion to the success story that avoids using broad, sweeping statements?
- ☐ Include testimonials or quotes from individuals who benefited from your program, if available?

❖ **OVERALL STYLE REMINDERS**

- ☐ Edit for spelling and grammar.
- ☐ Do NOT use individual names.
- ☐ Keep the success story in third person narrative.
- ☐ Use quantitative data whenever possible.
- ☐ Ensure that references are properly cited using APA citation.
- ☐ Keep story to no more than two pages.
- ☐ Stick to the facts. Do not interject an opinion unless you attribute it to someone.
- ☐ Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings.”), and be clear about who is doing the action in every sentence.
- ☐ Include direct quotes if they strengthen the story.
- ☐ Limit use of acronyms. If you use acronyms, spell them out on first mention.
- ☐ Use plain language.
- ☐ Avoid jargon. Readers often skip over terms they don’t understand, hoping to get their meaning from the rest of the sentence.
- ☐ Keep messages simple and concise.
- ☐ Avoid broad, sweeping statements (e.g., “There was a noticeable increase in healthy eating habits” or “A significant amount of money was saved”).

EXHIBIT E: SAMPLE SUCCESS STORIES

Using Text Messaging to Reduce Teen Pregnancies

Denver, Colorado

Problem Overview

In a relatively short period of time, text messaging has become the preferred channel of basic communication between adolescent youth and their peers. According to the PEW Research Center, the typical American youth who texts sends 1,500 text messages a month.¹ Whether employed through a cell phone, computer, or web-based application on a handheld device, text messaging has become an indispensable communication tool for today's youth. The median youth texter sends 60 texts per day—with even higher rates for youth of color—and 63% of youth text daily.² Recent research denotes that using cell phones for sexual health programming can increase access to sexual health resources and information and reduce risky sexual behavior.^{3,4} Using text messaging to enhance or provide health education is a promising concept for promoting healthy behaviors in youth.

For Denver youth, the promotion of healthy sexual behavior is needed. Data from the Colorado Department of Health and Environment indicates that the teenage birth rate in Denver, Colorado in 2009 was 52.9 live births per 1,000 females ages 15-19, well above the statewide rate of 35.1⁵ and the nationwide rate of 34.3.⁶ In Denver, teen birth rates for youth of color, particularly Hispanic youth, are also much higher than the average.⁵

Program Description

To help alleviate the rate of teenage pregnancy within the Denver metropolitan area, the Denver Health and Hospital Authority, through a cooperative agreement with the U.S. Department of Health and Human Services' Office of Adolescent Health, implemented Wyman's Teen Outreach Program (TOP®) with a supplemental text messaging component. TOP® targets 12-18 year old youth through a nine-month youth development intervention that includes a community service learning component, and is one of 31 evidence-based program models proven to reduce teen pregnancy.⁷ The text message enhancement is based on social norms strategy and social cognitive theory and is designed to engage, reinforce, facilitate, and sustain the norms, attitudes, and healthy behaviors that are taught through the face-to-face TOP® program.

¹ Lenhart, A., Ling, R., Campbell, S., Purcell, K. (2010). *Teens and Mobile Phones*. Pew Internet and American Life Project. <http://pewinternet.org/Reports/2010/Teens-and-Mobile-Phones.aspx>

² Purcell, K. (2012) *Teens 2012: Truth, Trends, and Myths About Teen Online Behavior*. Pew Internet and American Life Project, July 11, 2012 ACT Enrollment Planners Annual Conference presentation.

³ Brown, J. (Ed.) (2008). *Managing the Media Monster: The Influence of Media (From Television to Text Messages) on Teen Sexual Behavior and Attitudes*. Washing DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

⁴ Juzang I, Fortune T, Black S, Wright E, Bull S. The 411 for safe text: results from a promising pilot program using cell phones for HIV prevention. *J Telemed Telecare* 2010;In press.

⁵ *The State of Adolescent Sexual Health in Colorado 2011*. (2011). Colorado Youth Matter. <http://www.coloradoyouthmatter.org/images/stories/email/SASH2011FINAL.pdf>

⁶ Hamilton BE, Ventura SJ. Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. NCHS data brief, no 89. Hyattsville, MD: National Center for Health Statistics. 2012. Retrieved May 17, 2012, from <http://www.cdc.gov/nchs/data/databriefs/db89.htm>.

⁷ *Evidence-Based Programs (31 Programs)*. Office of Adolescent Health. Retrieved September 11, 2012 from <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html>

During the 2011-2012 school year, 98 youth ages 14-18 participated in the TOP[®] program with text message enhancement in the Boys & Girls Clubs of Metro Denver sites. Text messages were sent between 4:30pm and 8:30pm during the week and message responses were reviewed during business hours. The four sections of the text messaging curriculum include:

- (1) **Core Curriculum**, three to seven pre-scripted text messages per week for the 30-week curriculum corresponding to the TOP[®] lesson taught during the week through the Boys & Girls Clubs of Metro Denver;
- (2) **Summer Curriculum**, three to five pre-scripted text messages per week for 13 weeks over the summer months following the end of in-club TOP[®] programming to reinforce TOP[®] lessons;
- (3) **Event-based Messages**, text messages for clubs and service learning project reminders and club event information; and
- (4) **Ad-hoc Messages**, responses to unsolicited incoming messages (e.g. requesting information about the TOP[®] program) to be sent out in a systemized way on an as-needed basis.

Based on feedback from local youth and youth-serving professionals as well as input from youth who had completed the TOP[®] program in other states, these messages include a combination of quizzes, myth/fact questions, polls, fun facts, quotes from celebrities and music artists, resources, websites, and videos.

Program Impact

From October 2011 to May 2012, 15,726 messages were successfully sent to 98 youth. In response to outbound quizzes, myth/fact questions, surveys, polls, and other text messages requesting feedback, 1,364 inbound text messages were received. The number of inbound responses per participant was similar across club sites. Females (14.1 inbound msgs/participant), 16 year olds (14.1 msgs), and those identifying as non-Hispanic (12.3 msgs) had higher rates of responses compared to other demographic groups (male, 9.0 msgs; Hispanic, 10.1 msgs). By category of message, quizzes elicited the highest response rate (20.8%) followed by myth/fact questions (17.9%).

In addition, qualitative feedback was collected via text, anonymous participant satisfaction forms, and in-person interviews. Participants stated that “I liked everything”, “[The texts] tell me things I didn’t know”, “[The texts tell me] there are safe ways to have sex”, “I liked the fun facts. They were not really just fun. I learned a lot from them and it was good to get those when you were not having TOP[®]”, and “Since I share a phone with my sisters, I would read it to them and we’d all argue – that’s a fact – no that’s a myth - and then I’d tell them the answer”. Quotes and fun facts were the two most popular types of texts.

As a result of the text messaging curriculum enhancement, we expect to find that the addition of a text message supplement to the TOP[®] program will result in increases in factors that protect youth from pregnancy (e.g. numbers of supportive relationships, self-efficacy to use contraception and refuse unwanted sex, etc.) and reductions in sexual and social risk behaviors associated with pregnancy (e.g. program engagement, utilization of contraceptive clinic services etc.). We anticipate that results on these measures will be available in 2015.

Delaying Sexual Initiation Through Use of an Evidence-based Teen Pregnancy Prevention Program

Allegany County, Maryland

Problem Overview

Allegany County is geographically isolated in the Appalachian Mountains of Western Maryland and is ranked as one of the unhealthiest counties in the state (23rd out of 24 counties)⁸. The county has the third lowest household income in Maryland, with a median income that is less than half the state average⁹. Nearly one-quarter of youth under the age of 18 live in poverty¹ and more than half of the students in Allegany County Public Schools qualify for free or reduced lunch¹⁰. Loss of major manufacturing plants has left the citizens of Allegany County with an unemployment rate that hovers above 8%¹¹.

In 2010, the teen birth rate for the United States was 34.3 births per 1,000 females aged 15-19¹². The teen birth rate for Allegany County was slightly higher than the national rate at 35 births per 1,000¹; and significantly higher than the teen birth rate in Maryland at 27.2 births per 1,000⁴. Though high, the outlook would likely be bleaker still if not for the arduous work of community-based organizations, like the YMCA of Cumberland Maryland, to prevent teen pregnancy.

Program Description

With funding from the Office of Adolescent Health, the YMCA of Cumberland has partnered with the Allegany County Public Schools to launch a county-wide initiative to implement the *Adult Identity Mentoring (Project AIM)* program with all 7th grade students in the county. *Project AIM* is an evidence-based program for youth ages 11-14 that has been proven to delay sexual initiation¹³¹⁴. The overall goal of the program is to reduce sexual risk behaviors among low-income youth by providing them with the motivation to make safe choices and to address deeper barriers to sexual risk prevention like hopelessness and poverty. *Project AIM* makes an impact by taking youth through a series of lessons to help them imagine a positive future and identify how current risk behaviors can be a barrier to a successful adulthood.

The YMCA implements *Project AIM* for 7th graders in all four of the public middle schools, one private school, and as an after-school program at the YMCA. The program is implemented with

⁸ Robert Wood Johnson Foundation County Health Rankings and Roadmaps (2012). <http://www.countyhealthrankings.org/#app/maryland/2012/allegany/county/1/overall>.

⁹ U.S. Census State and County Quickfacts (2010). <http://quickfacts.census.gov/qfd/states/24/24001.html>.

¹⁰ Maryland Department of Education (2011). <http://www.msde.maryland.gov/MSDE/programs/schoolnutrition/docs/Free+and+Reduced-Price+Meal+Data>.

¹¹ Maryland Department of Labor, Licensing & Regulation (2012). <http://www.dllr.state.md.us/lmi/laus/allegany.shtml>.

¹² Hamilton BE, Ventura SJ. Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. NCHS data brief, no 89. Hyattsville, MD: National Center for Health Statistics. 2012. Retrieved May 17, 2012, from <http://www.cdc.gov/nchs/data/databriefs/db89.htm>.

¹³ Clark, L. F., Miller, K. S., Nagy, S. S., Avery, J., Roth, D. L., Liddon, N., & Mukherjee, S. (2005). Adult identity mentoring: Reducing sexual risk for African-American seventh grade students. *Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 37(4), 337e1-337e10.

¹⁴ <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>

fidelity by trained male and female co-facilitators in classroom groups of approximately 20 students. Student participants are encouraged to explore their personal interests, social surroundings, and what they want to become as an adult. Youth envision themselves in a future career and connect current behavior directly to possible success as an adult. Students develop business cards and resumes, complete a career interest inventory, and participate in job interviews. Youth practice skill-building around goal-setting, communication, and decision-making, and have the opportunity to think about their future in terms of milestones to accomplish goals and overcome potential obstacles they may encounter in life.

Program Impact

During the 2011-2012 school year, nearly 500 7th grade students in the Allegany County Public Schools participated in *Project AIM*. Forty-four percent of the participants were female and 56% were male. Independent observations of the program indicated that nearly all sessions (97%) were implemented with fidelity and that the quality of the sessions was excellent. As a result of implementing the program with fidelity, it is expected that the students who received the program will be more likely to delay sexual initiation than they would have if they hadn't received the program; the result of the original evaluation of *Project AIM*.

Feedback from teachers and administrators has been overwhelmingly positive. Each teacher and each administrator had a favorite story to report on the impact of *Project AIM* on their students. Some noted attitude changes among specific students; others liked the messages in *Project AIM* so much that they found themselves frequently referring back to the messages during their regular lessons. One assistant principal pointed to a student in the hall who was still carrying his *Project AIM* portfolio four weeks following graduation from *Project AIM*. The assistant principal said the student had been a frequent visitor to detention and had been addressed weekly for discipline problems. She was pleased to report that she had not seen that student for disciplinary issues since the student started *Project AIM*. Another parent shared how impressed she was with the effect *Project AIM* had on her son's conversations with her. She explained that her son would typically provide little to no information when she asked him about his school day. But, during *Project AIM*, he excitedly initiated conversations with her usually prefacing his comments with, "Guess what we did in *Project AIM* today?" School personnel love it, parents love it, our facilitators love it, but most of all, the youth love it.

With funding from OAH, the YMCA of Cumberland Maryland and the Allegany County Public Schools will continue to partner to provide *Project AIM* to all 7th grade students in the county each year through the 2014-2015 school year.

Strong Partnerships for Implementing Evidence-based Curriculum Assist with the Decline in Teen Pregnancies in Harris County, Texas

Harris County, Texas

Problem Overview

Unintended teen pregnancy remains a serious public health concern in the United States. A report released in April 2012 by the National Center for Health Statistics denotes that the national level of teen pregnancies is 34.3 teenage births per 1,000 women between the ages of 15-19.¹⁵ In Harris County, Texas, which has a teen birth rate 50% higher than that of the nation, adolescent females are especially at high risk of unintended pregnancy.¹⁶

Harris County comprises 22 school districts that have more than 180 middle schools, with approximately 178,000 middle school students. The University of Texas Health Science Center at Houston (UTHealth) partners with other county organizations to promote widespread adoption and implementation of evidence-based teen pregnancy prevention programs throughout the county to reduce teen pregnancies. Partnering presented a unique challenge for all involved entities because the leadership, principals, administrators, and teachers of each school district had to agree to participate and allocate resources, time, and physical space to support implementation of these programs.

Program Description

For the past 20 years, UTHealth has had ongoing partnerships with school districts across Harris County to develop and evaluate *It's Your Game...Keep It Real (IYG)*, an evidence-based sexual health education curriculum targeting middle school students¹⁷. *IYG* is a classroom and computer-based HIV, STI, and pregnancy prevention program for 7th and 8th grade students. An evaluation of *IYG* found that, in the Spring of ninth grade, one year after the program ended, students who received the program were significantly less likely to report having initiated sexual activity¹⁸.

In 2010, the U.S. Department of Health and Human Services' Office of Adolescent Health awarded UTHealth funds to implement *IYG* within 10 Harris County school districts and one charter school system. UTHealth staff worked closely, through School Health Advisory Committees and individual meetings with school leaders, principals, administrators, and teachers in these districts, to prioritize the problem of teen pregnancy while emphasizing the importance

¹⁵ Hamilton BE, Ventura SJ. Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. NCHS data brief, no 89. Hyattsville, MD: National Center for Health Statistics. 2012. Retrieved May 17, 2012, from <http://www.cdc.gov/nchs/data/databriefs/db89.htm>.

¹⁶ Texas Teen Birth Rates by County, 2010. <https://sph.uth.tmc.edu/tprc/2012/04/27/texas-teen-birth-rate-by-county-2010/>.

¹⁷ <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html>

¹⁸ Tortolero, S. R., Markham, C. M., Fleschler Peskin, M., Shegog, R., Addy, R. C., Escobar-Chavez, S. L., & Baumler, E. (2010). It's your game: Keep it real: Delaying sexual behavior with an effective middle school program. *Journal of Adolescent Health*, 46(2), 169–179.

of using an evidence-based teen pregnancy prevention program to alleviate the problem. A Program Champion was identified in each of the 10 districts to facilitate district approval and implementation of *IYG*.

Program Impact

In 2011, UTHealth trained 356 teachers who piloted *IYG* in 73 middle schools reaching 23,056 students. Full-scale implementation and evaluation of *IYG* in 80 schools in the 10 districts in Harris County will begin in Fall 2012 and is expected to reach approximately 30,000 youth annually. After the initial pilot year in 2011, school leaders, teachers, students, and parents reported being supportive of *IYG*.

In Spring 2012, UTHealth developed a Teacher Advisory Group (TAG) consisting of teachers who represent each of the 10 participating districts. Teachers were asked to sit on the advisory group to provide feedback and insight on *IYG* implementation during the pilot year. The TAG proved to be successful as UTHealth discovered that teachers felt that the *IYG* training and the curriculum improved their ability to engage students as well as to assist their ability to be a valid sexual health resource to others in their school community. TAG provided further insight on survey questions for all implementing teachers that will be used in the upcoming year. These questions will allow UTHealth to understand how many teachers have been positively impacted by the *IYG* program. UTHealth also convened small groups of parents in Spring 2011 to assess parental attitudes towards *IYG* and sexual health; they found that parents were supportive of *IYG* and would like more opportunities to improve their communication skills with their children.

EXHIBIT F: FEDERAL FINANCIAL REPORT GUIDANCE

Please see Grantee Federal Report Guidance attached.